

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER <b>04-03</b>	2. STATE: <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <b>April 19, 2004</b>

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

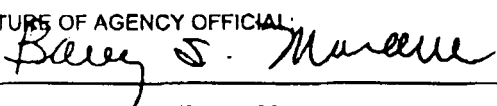
6. FEDERAL STATUTE/REGULATION CITATION: <b>Section 1920A</b>	7. FEDERAL BUDGET IMPACT a. FFY <u>04</u> \$ <u>3.6</u> million b. FFY <u>05</u> \$ <u>6.3</u> million
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 2.2-A, Page 23d</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 2.2-A, Page 23d</b>

10. SUBJECT OF AMENDMENT:  
**Presumptive Eligibility for Children.**


11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
Not submitted for prior  
approval.

12. SIGNATURE OF AGENCY OFFICIAL: 	16. RETURN TO:  <b>ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST 3<sup>rd</sup> Floor SPRINGFIELD, IL. 62763-0001 ATTENTION: Jane Longo</b>
13. TYPED NAME: <b>Barry Maram</b>	
14. TITLE: <b>DIRECTOR</b>	
15. DATE SUBMITTED: <b>1/30/04</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: <b>1/30/04</b>	18. DATE APPROVED: <b>4/27/04</b>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>04/19/04</b>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME <b>Cheryl A. Harris</b>	22. TITLE: <b>Associate Regional Administrator Division of Medicaid and Children's Health</b>
23. REMARKS:	

**RECEIVED**

ATTACHMENT 2.2-A  
Page 23d

## SOCIAL SECURITY ACT

State: ILLINOISCOVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Coverage Other Than the Medically Needy  
(Continued)

1902 of the Act

- X 22. Children under age 19 who are determined by a "qualified entity" based on preliminary information submitted to the qualified entity, to meet the highest applicable income criteria specified in this plan.

## Qualified entities:

- (a) will include State employees involved in enrolling children in programs under title XIX and title XXI of the Social Security Act; and
- (b) may include KidCare Application Agents that assist families in applying for health benefits for their children under titles XIX and XXI of the Social Security Act.

The application used for presumptive eligibility will be the same application used by the State to determine eligibility for children for Medicaid. However, for the purposes of requesting presumptive eligibility, parents and caretakers will not be required to provide any information on the application which is not needed to make a presumptive eligibility determination. The presumptive eligibility period begins on the date that the presumptive eligibility determination is made and ends either:

TN NO. 04-03  
Supersedes  
TN NO. 01-13

Approval Date APR 28 2004Effective Date 04-19-04

## ATTACHMENT 2.2-A

Page 23d1

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ILLINOISCOVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Coverage Other Than the Medically Needy  
(Continued)

1902 of the Act

- (a) When the State finds that the child is ineligible for ongoing Medicaid coverage, or
- (b) On the day before the child's first day of regular eligibility for Medicaid for those children whom the State finds to be eligible for ongoing Medicaid coverage.

TN No. 04-03

Superseded

TN No. 01-13Approval Date APR 28 2004Effective Date 04-19-04